

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 16 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

27628

1. PLACE OF DEATH

County Registration District No. 791
Township Primary Registration District No. 100
City St. Louis, (No. 8620 Water 100) St. Ward)

File No.
Registered No. 7878

2. FULL NAME Jacob J. Singer

(a) Residence, No. 8620 Water St. St. 1 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Josie Singer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 2, 1877
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 1 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis, (STATE OR COUNTRY) Mo.

13. NAME Nicholas A. Singer

14. BIRTHPLACE (CITY OR TOWN) St. Louis, (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Anna Stauder

16. BIRTHPLACE (CITY OR TOWN) Illinois (STATE OR COUNTRY)

17. INFORMANT Mrs. Josie Singer (ADDRESS) 8620 Water St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Olive DATE 8-1-34

19. UNDERTAKER Smothery Undertaking Co. (ADDRESS) 6320 S. 1st St.

20. FILED JUL 31 1934 J. M. Bredbeck Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-29-34, 19

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1934, to July 27, 1934

I last saw him alive on July 28, 1934. Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis 1/1/34
Ch. Int. Hepatitis 1/1/34

Name of operation None Date of
What test confirmed diagnosis? Chemical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify None

(Signed) Oliver J. M. Lawrence
(Address) 7608 Muehlen

Dr. Owen McNamee

McNamee

7608 Michigan